

**THIS MDR TRACKING NO. WAS WITHDRAWN.
THE AMENDED MDR TRACKING NO. IS: M4-04-8471-01**

MDR Tracking Number: M4-04-5081-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on January 12, 2004.

I. DISPUTE

Whether there should be reimbursement for CPT code 99244 rendered on October 18, 2003.

II. RATIONALE

Review of the requestor's position statement, dated January 26, 2004 partially states, "I have enclosed a copy from Medicare's Online Fee Schedule which indicates that there is no global period associated with procedure 29131. Therefore, an evaluation and management visit should not be bundled in with the procedure.

Per the clinic notes of 9-04-03, the patient presented with left hand pain. Upon further examination and reading of the M.R.I. report, the doctor determined that the patient should have his brace removed and a cast put on the left wrist and thumb. The patient did not come into the office asking the doctor to cast his wrist; he came in complaining of left hand pain.

Insurance carrier has paid for the cast, therefore, at this time we are requesting payment in the amount of \$212.34 for the office visit for this date of service."

The requestor did not submit a position statement.

Review of the carrier EOB with a review date of November 26, 2003, revealed that the carrier denied CPT code 99244 as "L001-Unbundling", no payment was made, and therefore, the requestor seeks the MAR reimbursement of \$212.34. The requestor billed for CPT code 29131 (application of a finger splint) and CPT code 99244 (new patient office consultation). According to the office note dated 10/18/03 the injured worker came in with complaints of left hand pain. ___ recommendations were to cast the left wrist and thumb and put the MCP joint at rest for approximately ten days to two weeks. The requestor made a medical decision to cast the left wrist and thumb after the injured worker was evaluated. The requestor is therefore, entitled to reimbursement of the office visits. According to the Medicare Online Fee Schedule reimbursement for CPT code 99244 is \$169.87 multiplied by 125% equals \$212. 34.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT code 99244 in the amount of **\$212.34**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$212.34** plus all accrued interest due at the time of payment to the Requestor within 20-days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 19th day of March 2004.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division
MQO/mqo